

APR 24 2013

Appendix 1: 510(k) Summary per 21CFR §807.92**RhythmView 510(k) Summary**

Submitter's information	Topera, Inc. Contact: Melissa Walker, MS, RAC, FRAPS Phone: 314-753-7790 10/15/2012
Device/ classification name	<ul style="list-style-type: none">• Device Name: RhythmView Workstation• Product Code: DQK• Regulation Number: 870.1425• Regulation Name: Programmable diagnostic computer• Classification/Common name: Programmable diagnostic computer <p>The marketed device(s) to which substantial equivalence is claimed:</p> <ul style="list-style-type: none">• RhythmView 3.X K110878
Device description	<p>The RhythmView is comprised of these major components,</p> <ol style="list-style-type: none">1. RhythmView hardware – Cart, Computer, monitor, keyboard, and mouse2. RhythmView software – Software pre-installed <p>The RhythmView Workstation takes electrical signals collected from multi-polar electrophysiology catheters and outputs a graphic display that assists in the diagnosis of cardiac arrhythmias.</p>
Indications for use	The RhythmView™ Workstation is a computerized system that assists in the diagnosis of complex cardiac arrhythmias. The RhythmView™ Workstation is used to analyze electrogram and electrocardiogram signals and display them in a visual format.
Technological characteristics	The technological characteristics for the modified RhythmView Workstation are the same as the predicate.
Performance data	Based upon the RhythmView 4.0 Software V&V Testing and the documentation required to support a Moderate Level of Concern Software Device (per FDA's Guidance for the Content of Premarket Submissions for Software Contained in Medical Devices), it has been demonstrated that the RhythmView is safe and effective for its intended use.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
10903 New Hampshire Avenue
Document Control Center – WO66-G609
Silver Spring, MD 20993-0002

April 24, 2013

Topera, Inc.
C/O Ms. Melissa Walker, MS, RAC, FRAPS
Sr. VP Regulatory, Quality, & Clinical
1324 Clarkson Clayton Ctr #332
Ballwin, MO 63011

Re: K123295

Trade Name: Rhythm View V4.0
Regulation Number: 21 CFR 870.1425
Regulation Name: Programmable Diagnostic Computer
Regulatory Class: II
Product Code: DQK
Dated: April 1, 2013
Received: April 2, 2013

Dear Ms. Walker:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA).

You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set

forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address <http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address <http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours,

Owen P. Faris -S
for Bram D. Zuckerman, M.D.
Director
Division of Cardiovascular Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Appendix 2: Indications for Use Statement

Indications

Statement The Indications for Use Statement:

510(k) Number: K123295

Device Name: RhythmView Workstation

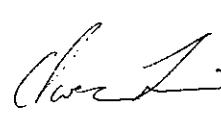
The RhythmView™ Workstation is a computerized system that assists in the diagnosis of complex cardiac arrhythmias. The RhythmView™ Workstation is used to analyze electrogram and electrocardiogram signals and display them in a visual format.

Prescription Use X AND/OR Over-The-Counter Use _____
(Part 21 CFR 801 Subpart D) (Part 21 CFR 801 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON
ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

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